

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

Licensee/Corporate Name: _____

Program Number: _____
(new providers leave blank)

Mailing Address: _____

Contact Person: _____ Telephone Number: () _____

PLEASE USE CURRENT DATA TO RESPOND TO THIS SURVEY

1. ____ Enter the number of facilities currently licensed and pending licensure under your corporate name for this group home program.

2. ____ Enter the number of facilities owned by the corporation for which the corporation has clear title or has a mortgage/deed of trust.

3. ____ Enter the number of facilities for this program for which the corporation has a contractual (rental or lease) agreement:

3a. ____ Enter the number of facilities for this program for which there is no affiliated lease (no member of the Board of Directors and/or their spouses or family members have a material financial interest).

3b. ____ Enter the number of facilities for this program for which the corporation has an affiliated lease, rental or lease agreement (a member of the Board of Directors and/or their spouses or family members have a material financial interest). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3b, as having an affiliated lease, self-dealing transaction.

**Lines 3a. and 3b. should equal the total of Lines 2 and 3.
Lines 2. and 3. should equal the number on Line 1.**

4. Yes ____ No ____ Do you have any other shelter costs that are the result of less-than-arms' length, self-dealing transactions, (a member of the Board of Directors and/or their spouses or family members have a material financial interest). If yes, identify and describe the type(s) of transactions.

GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY

FACILITY INFORMATION SHEET

Licensee/Corporate Name: _____

Group Home Program Number: _____
(new providers leave blank)

Please list below the community care license number and street address for each facility that you have identified on **line 3a**:

- | | |
|---|---|
| 1. License No. _____

Address _____

City _____

Zip Code _____ | 3. License No. _____

Address _____

City _____

Zip Code _____ |
| 2. License No. _____

Address _____

City _____

Zip Code _____ | 4. License No. _____

Address _____

City _____

Zip Code _____ |

Please list below the community care license number and street address for each facility that you have identified on **line 3b**:

- | | |
|---|---|
| 1. License No. _____

Address _____

City _____

Zip Code _____ | 3. License No. _____

Address _____

City _____

Zip Code _____ |
| 2. License No. _____

Address _____

City _____

Zip Code _____ | 4. License No. _____

Address _____

City _____

Zip Code _____ |

If additional space is needed, you may duplicate this survey sheet.

GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS DECLARATION AND SURVEY

NOTE: For each facility identified as having an affiliated lease, self-dealing transaction on Line 3b and for any other shelter costs resulting from self-dealing transactions identified on Line 4a, it will be necessary that you submit documentation to the Attorney General's (AG) Office Charitable Trust Section (CTS) in order to obtain an approval letter for shelter costs resulting from each self-dealing transaction. For every program that has shelter costs resulting from self-dealing transactions, including a facility that has an affiliated lease, you must submit an approval letter from the AG CTS to the FCRB to obtain a rate.

CERTIFICATION:

I hereby certify under penalty of perjury that the information contained in this Declaration and Survey is true and correct.

SIGNATURE OF PRESIDENT OF THE BOARD OR AUTHORIZED BOARD OFFICER

TITLE

DATE

**FAILURE TO RESPOND TO THIS SHELTER COSTS, SELF-DEALING
TRANSACTIONS DECLARATION AND SURVEY WILL RESULT IN A RATE NOT
BEING SET FOR YOUR GROUP HOME PROGRAM.**

DECLARATION AND SURVEY FOR SHELTER COSTS, SELF-DEALING TRANSACTIONS, INCLUDING AFFILIATED LEASES

The Manual of Policies and Procedures (MPP) Section 11-402.359 requires that group home providers obtain a letter of approval from the Department of Justice (DOJ), Attorney General's Charitable Trust Section, for shelter costs that result from self-dealing transactions, including any affiliated leases. A self-dealing transaction for shelter costs applies to all transactions, including affiliated leases with a rental or lease agreement, in which the corporation's Board of Directors and/or their spouses or family members have a material financial interest. An approval letter from the DOJ Attorney General's Charitable Trust Section will be required for all group home shelter costs resulting from self-dealing transactions as defined in the Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code.

Please enter the requested information on the **Declaration and Survey, including the Facility Information Sheet** for each facility address. If you enter zero (0) on Line 3, do not complete Lines 3a and 3b. The Declaration and Survey must be signed by the President of the Board or a member of the Board of Directors.

Please return your completed Declaration and Survey via mail to:

California Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S., 19-74
Sacramento, California 95814

Failure to respond to this Declaration and Survey will result in a rate not set for your group home program and or your newly licensed group home facility.

If you have any questions or if you need assistance completing the form, you may contact the Attorney General's (AG) Office, Charitable Trust Section, at (415) 703-5584.